IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE	: 03/20/2005			S CHECKWRITE SUMMARY REPORT				
			C	HECKWRITE DATE: 03/22/2005 FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	104	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8599	8	DETAIL NOT COVERED BY COMBINAT	1	120	149	25
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT FACRAGE.				
		8800	6	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	8599	1814	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	DS LME			BENEFIT PACKAGE.				
		21	316	DUPLICATE OF CLAIM-SYSTEM	129	3035	14725	11690
		0617	217	CIAIMS DENIED SHEMITERED DENOM				
		8517	217	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
			1	THROUGH APRIL DOS MUST BE SUBM				
		+						
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		U	U		0	0	0	(
3404910	PATHWAYS	8505	738	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	169	FURTHER PROCESSING NECESSARY,	1	1350	5187	3837
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8329	127	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404912	CATAWBA COUNTYM	8931	263	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	ENTAL HEALT			RVICES IN IPRO.				
		8599	235	DETAIL NOT COVERED BY COMBINAT	314	669	2622	1953
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0505	E-1	CLAIM DRIVING DVID TO THANDSTON				
		8505	51	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
		+						
		+						
3404913	MECKLENBURG COM	8599	1219	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0220	1004	CLAIM DENIED ASSEMBLING PROVIDE				
		8329	1004	CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS	1254	4542	13181	8639
	+	1	1	THE LMA			1	
		8933	676	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404916		8505	1000	CLAIM DENIED DUE TO INSUFFICIE				
-404210	CROSSROADS BEHA	3303	1000	NT BUDGET	-			-
	VIORAL HEAL	+						
		8517	223	CLAIMS DENIED, SUBMITTED BEYON	2	1453	2628	1175
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0.0	7.4					
		21	71	DUPLICATE OF CLAIM-SYSTEM		1	1	1

		HTCH DENITAT	wannen on				TOTAL	TOTAL
PROVIDER	1	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917		8599	140	DETAIL NOT COVERED BY COMBINAT				
	CENTERPOINT HUM			ION OF RECIPIENT, PROVIDER AND				
	AN SERVICES			BENEFIT PACKAGE.				
		8931	127	AMTNC INELIGIBLE TO RECEIVE SE	140	472	2047	157
				RVICES IN IPRS.	140	472	2017	107
		21	92	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M	8599	36	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	27	ASTNC INELIGIBLE TO RECEIVE SE	36	121	1224	110
				RVICES IN IPRS.				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
040404		0505	4.074					
3404919	GUILFORD CO MEN	8505	1971	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		1	1					
	1	0500	220	DESTI NOT COVERED BY COMPANY				
		8599	229	DETAIL NOT COVERED BY COMBINAT	61	2441	6016	357
		+	1	ION OF RECIPIENT, PROVIDER AND			1	
				BENEFIT PACKAGE.				
		191	95	OLITHIE TO MINDED DODG NOT MANG				
		191	95	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920		8505	72	CLAIM DENIED DUE TO INSUFFICIE				
3404320	ALAMANCE CASWEL	0303	12	NT BUDGET				
	L AREA MH D			NI BODGEI				
		21	31	DUPLICATE OF CLAIM-SYSTEM				_
		21	31	DUPLICATE OF CLAIM-SISTEM	0	133	204	7
		5404	18	SEVERE DUPLICATE: SAME ATTO PR				
		3404		OV/PCODE/TOS/DOS/MOD				
3404921	ODINGE PERSON S	8505	1964	CLAIM DENIED DUE TO INSUFFICIE				
	ORANGE PERSON C HATHAM AREA			NT BUDGET				
	BATHAN AREA							
		8800	640	FURTHER PROCESSING NECESSARY,	16	3274	4445	117
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		1					1	
		5312	185	PRIOR AUTHORIZED DOLLARS EXCEE			1	
				DED				
3404922	THE DURHAM CENT	8505	3590	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		11	1246	CLIENT NOT ELIGIBLE ON SERVICE	0	4891	5326	43
	1			DATE				
					I			
							1	
		8329	46	CLAIM DENIED ATTENDING PROVIDE				
		8329	46	R CANNOT BE THE SAME AS				
		8329	46					
				R CANNOT BE THE SAME AS THE LMA				
3404923	VGFW AREA AUTHO	8329	46	R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN				
3404923	VGFW AREA AUTHO			R CANNOT BE THE SAME AS THE IMA  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
3404923				R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN				
3404923		120	49	R CANNOT BE THE SAME AS THE LMA  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404923				R CANNOT BE THE SAME AS THE LIGA  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE	0	106	750	64
3404923		120	49	R CANNOT BE THE SAME AS THE LMA  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	106	750	64
3404923		120	49	R CANNOT BE THE SAME AS THE LIGA  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE	0	106	750	64
3404923		120	49	R CANNOT BE THE SAME AS THE LAR  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUEMIT AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE DATE	0	106	750	64
3404923		120	49	R CANNOT BE THE SAME AS THE LAM  CLIENT IO NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED DUE TO INSUFFICIE	0	106	750	64
3404923		120	49	R CANNOT BE THE SAME AS THE LAR  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUEMIT AS A NEW CLAIM  CLIENT NOT ELIGIBLE ON SERVICE DATE	0	106	750	64

DROUTBER		HTCH DENTAL	AVINADED OF				TOTAL	TOTAL
PROVIDER	DROUTERD	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
reaction	PROVIDER NAME	2020	DESCRIPTION	DANGELLAND	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	2010	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	372	DETAIL NOT COVERED BY COMBINAT				
		0393	372	ION OF RECIPIENT, PROVIDER AND	47	3138	7870	473
				BENEFIT PACKAGE.				
		21	366	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE	21	2275	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		11	213	CLIENT NOT ELIGIBLE ON SERVICE DATE	75	3294	7220	392
				DATE				
		8599	206	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404022		9505	0.4.0	CIAIM DENIED DUE TO INCUSTOR				
3404927	CUMBERLAND CO M	8505	949	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				-
	HC	1						
		1	+	+				
		8800	172	FURTHER PROCESSING NECESSARY,	0	1140	1154	1
_				PLEASE CHECK FOR CLAIM ON				
			1	FUTURE RA'S.				
		11	15	CLIPPE NOT DISCIPLE ON GENERAL				
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404929	LEE HARNETT MH/	11	127	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		0512	F.0.	CLATMO DENTED GUDATERED DENOM				
		8517	58	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	0	301	587	28
				THROUGH APRIL DOS MUST BE SUBM				
		8329	36	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404930		8505	2078	CLAIM DENIED DUE TO INSUFFICIE				
3404330	JOHNSTON COUNTY	0303	2070	NT BUDGET				
	MNTL HLTHC							
		8800	178	FURTHER PROCESSING NECESSARY,	0	2256	2273	1
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404931		21	373	DUPLICATE OF CLAIM-SYSTEM				
3404331	WAKE CO HUM SVC BILLING OF		3.3	DOLLARI OL CARLO DIDILO				
	DIDDING OF							
		8599	271	DETAIL NOT COVERED BY COMBINAT	31	1068	3891	282
				ION OF RECIPIENT, PROVIDER AND				
		1	1	BENEFIT PACKAGE.				
		191	130	CLIENT ID NUMBER DOES NOT MATC				-
		1	1	H PATIENT NAME				
		1	1					
		<u> </u>	1					
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		1	1					
		0	0			0	0	<b>.</b>
		1	+		0	0	0	
		1						
3404933	SOUTHEASTERN CT	8505	484	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD		1	NT BUDGET				
		0500	100	DETAIL NOT COVERED BY COMBINAT				
		8599	100	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	27	770	3423	265
		1	1	DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
		1	+					
		8800	84	FURTHER PROCESSING NECESSARY,				
		1		PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

							TOTAL	TOTAL
ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404934	OVOLOM COUNTY D	21	171	DUPLICATE OF CLAIM-SYSTEM				
	ONSLOW COUNTY B EHAVIORAL H							
		8329	48	CLAIM DENIED ATTENDING PROVIDE	25	361	1544	1183
				R CANNOT BE THE SAME AS THE LMA				
				A SAME AND SEE				
		8599	41	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
40.402E		0	0	111 NO DAWN TO DEPOND 111				
404935	WAYNE CO MENTAL	U	U	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
104936		8505	1350	CLAIM DENIED DUE TO INSUFFICIE				
104936	WILSON-GREENE M	0505	1330	NT BUDGET				
	ENTAL HEALT							
		8599	20	DETAIL NOT COVERED BY COMBINAT	26	1406	2080	674
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8932	16	CMTNC INELIGIBLE TO RECEIVE SE				
	1			RVICES IN IPRS.				
104937	EDGECOMBE NASH	8505	451	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		21	17	DUPLICATE OF CLAIM-SYSTEM		484	1806	1322
				DOLLEGIES OF CHIEF DECEMBER	U	484	1806	1322
		8599	11	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
104938	HORM DES DELIERO	24	10	PROCEDURE CODE, PROCEDURE/MODI				
	VGFW DBA RIVERS TONE COUNSE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE	2	14	556	542
				RVICES IN IPRS.				
		143	1	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
104939	NEUSE MENTAL HE	8599	39	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	9	CLAIM DENIED, SUBMITTED BEYOND	1	55	1152	1097
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		11	6	CLIENT NOT ELIGIBLE ON SERVICE				
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
04941	PITT CO MH/DD/S	8599	117	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	92	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE	33	373	1431	1058
		8329	33	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
04942	DOLLOW	21	28	DUPLICATE OF CLAIM-SYSTEM				
	ROANOKE CHOWANH UMAN SERVIC		-					
	OPEN SERVIC							
	<u> </u>	8931	7	AMTNC INELIGIBLE TO RECEIVE SE	7	47	285	238
				RVICES IN IPRS.				
	<u> </u>							
		8599	3	DETAIL NOT COVERED BY COMBINAT				
			-	ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	83	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		191	64	CLIENT ID NUMBER DOES NOT MATC	36	292	1672	100
				H PATIENT NAME				
		21	24	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	11	65	CLIENT NOT ELIGIBLE ON SERVICE				
	N SERVICES			DATE				
		8505	39	CLAIM DENIED DUE TO INSUFFICIE	23	166	1970	180
				NT BUDGET				
		8599	17	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	11	97	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		0	0		0	97	97	
3404957	TIDELAND MENTAL	8931	15	AMTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR			RVICES IN IPRS.				
		8622	9	60 RESIDENTIAL LEVEL II TREATM	21	42	603	56
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		11	5	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404979	NEW RIVER AREAM	8505	627	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	136	FURTHER PROCESSING NECESSARY,	32	819	1322	50
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8931	32	AMTNC INELIGIBLE TO RECEIVE SE				
			1	RVICES IN IPRS.			1	